2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J50303 1. Entity Name

CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

RANDALL CONSTRUCTION OF PENSACOLA, INC.

Principal Place of Business Mailing Address 1045 S FAIRFIELD 1045 S FAIRFIELD UUU67037 PENSACOLA FL 32506 PENSACOLA FL 32506 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2756081 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RANDALL, HENRY E. Street Address (P.O. Box Number is Not Acceptable) 900 PARADISE BCH.CRCL PENSACOLA FL 32506 Zip Code City F 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME RANDALL, HENRY E. NAME STREET ADDRESS STREET ADDRESS 900 PARADISE BCH.CRCL. CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL ☐ Change Addition TITLE ☐ Delete TITLE RANDALL, HENRY W. NAME NAME STREET ADDRESS STREET ADDRESS 3300 GRAUPERA AVE. CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED
May 17, 2001 8:00 am
Secretary of State

CR2E034 (10/00)

05-17-2001 91321 014 ***150.00